



# My Health LA - AGENCY PROFILE

Date Completed:

<b>Agency Name <i>(Enter Legal Name Only)</i>:</b>			<b>Tax ID #:</b>	
<b>Headquarter Address:</b>		<b>City/State:</b>		<b>Zip Code:</b>
<b>Phone Number:</b>		<b>Fax Number:</b>		
<b>Contact Information Required – (Name/Phone Number/Email Address)</b>				
<b>Executive Director/CEO:</b>		<b>Phone/Extension #:</b>		<b>Email Address:</b>
<b>Executive Director/CEO Administrative Contact:</b>		<b>Phone/Extension #:</b>		<b>Email Address:</b>
<b>Chief Operating Officer:</b>		<b>Phone/Extension #:</b>		<b>Email Address:</b>
<b>Medical Director:</b>		<b>Phone/Extension #:</b>		<b>Email Address:</b>
<b>CFO/Fiscal Manager:</b>		<b>Phone/Extension #:</b>		<b>Email Address:</b>
<b>Pharmacy Contact/Pharmacist:</b>		<b>Phone/Extension #:</b>		<b>Email Address:</b>
<b>Dental Contact/Director:</b>		<b>Phone/Extension #:</b>		<b>Email Address:</b>
<b>Billing Contact:</b>		<b>Phone/Extension #:</b>		<b>Email Address:</b>
<b>My Health LA – Contract Administrator:</b>		<b>Phone/Extension #:</b>		<b>Email Address:</b>

<b>Patient Complaint Coordinator:</b>	<b>Phone/Extension #:</b>	<b>Email Address:</b>
<b>Member Services Contact:</b>	<b>Phone/Extension #:</b>	<b>Email Address:</b>
<b>DHS Linkage Coordinator:</b>	<b>Phone/Extension #:</b>	<b>Email Address:</b>
<b>One-e-App/System Administrator Contact:</b>	<b>Phone/Extension #:</b>	<b>Email Address:</b>
<b>MHLA Data Reporting Contact:</b>	<b>Phone/Extension #:</b>	<b>Email Address:</b>
<b>After Hours Contact:</b>	<b>Phone/Extension #:</b>	<b>Email Address:</b>

#### OTHER CONTACTS:

<b>Name/Title:</b> [REDACTED]	<b>Phone/Extension #:</b>	<b>Email Address:</b>
<b>Name/Title:</b> [REDACTED]	<b>Phone/Extension #:</b>	<b>Email Address:</b>

#### BILLING INFORMATION

##### Warrant Addressee:

<b>Mailing Address:</b>	<b>City/State:</b>	<b>Zip Code:</b>
-------------------------	--------------------	------------------

##### Remittance Advice Addressee:

<b>Mailing Address:</b>	<b>City/State:</b>	<b>Zip Code:</b>
-------------------------	--------------------	------------------

Form Completed By: [REDACTED]

Telephone Number: [REDACTED]

Email: [REDACTED]